24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEA Advocacy Fund	C C00489815
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Hopkins Sachs	Date of Public Distribution/Dissemination
Mailing Address 189 Liberty Avenue NE	10 23 2014
	mount
City State Zip Code	15965.65
	ransaction ID : B537031 Date of Disbursement or Obligation
Purpose of Expenditure Design, printing and postage for mail Category/ Type 004	10 23 2014
Name of Federal Candidate Support Office S	ought: House District:
Joni Ernst Oppose Pr	resident State: IA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary ⊠ General Other (specify) ▶
	Date of Public Distribution/Dissemination
Hopkins Sachs	10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 189 Liberty Avenue NE	Amount
City State Zip Code	25120.61
0,000	ansaction ID : B537030 Date of Disbursement or Obligation
Purpose of Expenditure Design, printing and postage for mail Category/ Type 004	10 23 / 2014
Name of Federal Candidate Support Office S	ought: House District:
Dan Sullivan Oppose Pr	resident State: AK
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	41086.26
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Michael Edwards [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	